

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L52323

1. Entity Name

SEAFOOD EXPRESS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90047 028 ***150.00

Principal Place of Business

18373 NE 4TH COURT
NORTH MIAMI BEACH FL 33179

Mailing Address

18373 NE 4TH COURT
NORTH MIAMI BEACH FL 33179-4531

2. Principal Place of Business

19593 NE 10 AV.

Suite, Apt. #, etc.

BAY-H

City & State

MIAMI, FL

Zip

33179

Country USA

33179

3. Mailing Address

19593 NE 10 AV.

Suite, Apt. #, etc.

BAY-10

City & State

MIAMI

Zip

33179

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0239481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMELY, VICTOR

20300 W. COUNTRY CLUB DR.

#107

NORTH MIAMI BEACH FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

2020 NE 209 STREET

City

MIAMI

FL

Zip Code

33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CARMELY, VICTOR
20300 W. COUNTRY CLUB DR.
N. MIAMI BEACH FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
19593 NE 10 AV.
MIAMI, FL 33179

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)